

**U.S. District Court for the Northern District Of Illinois
Attorney Appearance Form**

Case Title:

Case Number: 1:23-cv-3807

Allied Property and Casualty Insurance Company

An appearance is hereby filed by the undersigned as attorney for:

Attorney name (type or print):

Firm:

Street address:

City/State/Zip:

Bar ID Number:
(See item 3 in instructions)

Telephone Number:

Email Address:

Are you acting as lead counsel in this case?	Yes	No
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Are you acting as local counsel in this case?	Yes	No
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Are you a member of the court's trial bar?	Yes	No
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If this case reaches trial, will you act as the trial attorney?	Yes	No
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If this is a criminal case, check your status.

Retained Counsel

Appointed Counsel

If appointed counsel, are you

^a Federal Defender

CJA Panel Attorney

In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by local rules 83.12 through 83.14. I declare under penalty of perjury that the foregoing is true and correct. Under 28 U.S.C. §1746, this statement under perjury has the same force and effect as a sworn statement made under oath.

Executed on

Attorney signature: S/ _____
(Use electronic signature if the appearance form is filed electronically.)